

11/13/00

PTO SB05 (10-00)

Please type a plus sign (+) inside this box  
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Approved for use through 10/31/2002 OMB 0651-0032**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Attorney Docket No. 1894-00501

First Inventor Michael A. Freeman

Title Method and Composition for the Triggered Release of Polymer-Degrading Agents for Oil Field Use

Express Mail Label No. EL705961145US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Page 63]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 9]
5. Oath and Declaration
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 17 completed)*
  - c. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.53(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO, Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
*(when there is an assignee)*
11. ☐ English Translation Document *(if applicable)*
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15. ☐ Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
16. ☒ Other: Check in the amount of \$2,120.00

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation in-Part (CIP) of prior application No. \_\_\_\_\_  
*Prior application information* *Examiner* *Group Art Unit*

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**☐ Customer Number of Bar Code Label

23505

or ☐ Correspondence address below

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Telephone 713-238-8000

Fax 713-238-8008

Name (Print/Type) Leslie V. Payne

Registration No. (Attorney/Agent) 38,267

Signature

*Leslie V. Payne*

Date Nov. 13, 2000

**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

Small Entity payment must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB 09-12.

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		Application Number	Not Yet Assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	Michael A. Freeman
		Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT	(\$ 2,120.00)	Attorney Docket Number	1894-00501

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																																	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account No.: 03-2769 Deposit Account Name: Conley, Rose & Tayon, P.C.  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Leslie V. Payne	Registration Number	38,267
Signature	<i>Leslie V. Payne</i>	Date	11/13/00
		Deposit Account User ID	